

EXHIBIT B

Agent's Report

1. Statements

A. Number of years you have known Primary Proposed Insured: MET BY SOLICITATION

Other Proposed Insured: _____

B. Does any Proposed Insured have any existing or pending annuities or life insurance policies? ☐ yes ☒ noIf yes, do you have any information that indicates that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? ☐ yes ☒ no

(If yes, please provide details in the Remarks section below and attach all replacement-related forms. Certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for.)

C. Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? (If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.) ☐ yes ☒ noD. Did you provide the Owner with a Limited Temporary Life Insurance Agreement? ☐ yes ☒ no

2. Remarks, Details and Explanations (Please include information on any collateral assignment, etc.)

3. Commission, Agent/Agency Information (Please list servicing agent first.)

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
<u>Israel Biller</u>	<u>B9700</u>	<u>penelung</u>	%
			%
			%
			%

Writing Agent Name (Please print) RE PLANNING Date APRIL 4, 2008Writing Agent Signature X IL Biller

State License # _____

Phone # 718 436-4085Email Israel.Biller@replanning.com

Fax # _____

For Home Office use

Processing Center FMG, Inc Contact Person Helen Colon Phone # 717-238-3366Servicing Agent (if other than writing agent) send policy/delivery requirements to FMG, Inc
1753 Linc Oak LaneAtlantic Beach, FL 32233Attn: Helen Colon